

State of New Jersey Outside Activity Questionnaire

Background

The New Jersey Conflicts of Interest Law¹ prohibits a State employee from engaging in any business or transaction that is in substantial conflict with the proper discharge of his/her official duties. In concert with the Conflicts of Interest Law, the State Ethics Commission requires all State employees to disclose outside employment and/or business interests². Therefore, all TCNJ employees are required to complete the State of New Jersey Outside Activity Questionnaire.

Procedures

The State of New Jersey Outside Activity Questionnaire must be completed as follows:

- ALL EMPLOYEES are required to complete the Questionnaire, whether the employee is engaged in outside activity or not.
- 2) Employees who wish to engage in outside employment or activities must complete the Questionnaire and receive approval prior to engaging in any outside employment or other activity.

Completed questionnaires must be forwarded to the employee's supervisor/chair/program coordinator within 2 weeks. The supervisor should then send it to the College's Ethics Liaison Officer within 2 weeks (Green Hall 207). If you have any questions, you can contact the Ethics Liaison Officer at ethics@tcnj.edu or at (609) 771-2734. If you are not certain whether you are permitted to take on a job or other outside activity according to these rules, you should contact the Ethics Liaison Officer who can ask the Commission for an advisory opinion. These cases are frequently very fact-sensitive, and the Commission decides each individually.

Rules Regarding Outside Activities (Per the State Ethics Commissions Plain Language Guide)

You may have a second job, outside volunteer activity, or personal business interest only if it is compatible with the College's rules and your State responsibilities. You must not:

- 1) Undertake any employment or service which might reasonably be expected to impair your objectivity and independence of judgment in the exercise of your official duties;
- 2) Engage in any business, profession, trade or occupation that is subject to licensing or regulation by a specific agency of State Government, without promptly filing notice of that activity with the Commission;
- 3) Engage in any business, transaction, or professional activity that is in substantial conflict with the proper discharge of your duties in the public interest; or
- 4) Use State time, personnel, or other resources for the other job or activity.
- 5) Neither you nor your immediate family members can hold employment with, hold an interest in, or represent, appear for, or negotiate on behalf of a holder of or applicant for a casino license unless the Commission grants a waiver. To ask for a waiver, contact the Ethics Liaison Officer who will contact the Commission regarding the matter.

Other Resources

For a more complete discussion of this subject, see Guidelines Governing Outside Activities, at http://www.state.nj.us/ethics/statutes/guide/outsideact_guide.html.

¹ N.J. 52:13D-12 et seq. Section 23(e)(1)

² Pursuant to N.J.A.C. 19:61-2.2(a)S.A.



State of New Jersey Outside Activity Questionnaire (Required for ALL EMPLOYEES)

Na	me (please print):					
W	ork Address:					
De	partment:					
Ca	mpus Telephone extension: Position Title:					
Ge	neral Job Duties:					
	Are you currently engaged in any business, trade, profession, and/or part-time or full-time employment tside of or in addition to your State employment? (Royalties and consultant fees should be included here) YES NO (If Yes, you must answer question number 2.)					
2)	Name of Outside Employer(s) or Business(es). Please indicate if you are an owner, partner, or corporate officer.					
	Address:					
Ţ	ype of Business:					
	Describe responsibilities:					
	Outside Employment (please specify): Days Worked per week					
	Hours worked: per Day Per Week					
	your employment or business being performed for or with any other Department employee or official? YES NO Name of employee or official and title:					
	es your outside employment or business require/cause you to have contacts with other NJ State agencies, vendors nsultants or casino license holders?					
	Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, ide, or occupation? YES NO If yes, type of license					
	When was the license issued?					
4)	Do you currently hold or plan to hold outside voluntary position(s)?					
	If yes, please explain					
5)	Are you an officer in any professional, trade or business organization? YES NO					
	If yes, please explain.					
6)	Are you serving in any public office, or considering appointment or election to any public office? YES NO					
	What is the type of elective/appointive position?					
	What are your duties?					

Н	lours engaged in elective/appointive ad	ctivity:	Per Day:	Per Week:	Per Month:		
interethe C	are any members of your immediate far est in any firm performing any service College? YES NO Ily Member's Name	for the	e College of N	lew Jersey or directl	y or indirectly receiving funding fron		
Natu	re of Employment						
Dura	tion: Permanent Temporary						
licens	are any members of your immediate far se?	_		•			
Nam	e of Casino:				_		
subn	tify that this questionnaire contains no nitted, any future activity subject to dis nowledge none of my outside activities	closur	e will be repo	orted before I engag	e in such activity. I certify that to		
Prin	ted name of Employee	Sig	nature of Emp	bloyee	Date		
	nediate Supervisor/Chair/Program ck one)	n Coo	rdinator:				
	No outside activities indicated on the	ne forr	m.				
	No Conflict - Based on my knowledge of the employee's job function, work obligations and schedule, the activities indicated on this form do not represent a conflict.						
	Possible Conflict - Based on my knowledge of the employee's job function, work obligations and schedule, one or more of the activities indicated on this form may represent a conflict. Please specify activity(ies) and potential conflict:						
Printed name of Supervisor		Sig	Signature of Supervisor				
Ethic	cs Liaison Officer: (CIRCLE ONE)	A	PPROVE	DISAPPI	ROVE *		
Signature:			Date:				
* Co	mments and/or reason for disapproval	:					

Please provide employee with one signed copy and send one signed copy to:

TCNJ Ethics Liaison Officer Office of General Counsel Green Hall Room 207